Department of Motor Vehicles Tax Services P.O. Box 27422 Richmond, Virginia 23269-7422

VIRGINIA FUELS TAX DISTRIBUTOR'S SCHEDULE OF RECEIPTS

Read the filing information and instructions on the back.

Schedule Number

GRAND TOTAL (all pages)

DISTRIBUTOR INFOR	RMATION		PL	EASE PRINT IN	INK OR TYPE						
Name					FEIN/SSN				Report Month/Year		
(PRODUCT INFO				MODE OF TRANSPORTATION CODES			N	SCHEDULE NUMBER CHART		
	228-Diesel-Dyed				J - Truck PL - Pipeline			1 Gallons received tax collected			
	☐ 160-Diesel-Undyed ☐ 123-Fuel Alcohol ☐	☐ 152-Heating C☐ 142-Kerosene	1 1 092-0	ther Product Type _					Gallons received VA tax unpaid D Gallons received using a tax-exempt card/code		
☐ 122-Blending Components		」142-kerosene]175-Residual I							non-taxable fuel imported from a terminal.		
								<u>ll</u>			
PRODUCT RECEIPT I Carrier's Name	2 Carrier's FEIN/SSN	3 Mode	Poir Origin	t of Destination	5 Seller's Name		6 Seller's FEIN/SSN	7 Date Received	8 Document Number	11 Billed Gallons	
							, • • • •	l listeria			
		ADDI	ΙΤΙΟΝΔΙ ΙΙΝ	ES FOR DATA	A ON BACK		-	TOTAL (this pag	e only)		

VIRGINIA FUELS TAX DISTRIBUTOR'S SCHEDULE OF RECEIPTS

PRODUCT RECEIPT INFORMATION

GRAND TOTAL (all pages)

1 Carrier's Name	2 Carrier's FEIN/SSN	3 Mode	Poir Origin	t it of Destination	5 Seller's Name	6 Seller's FEIN/SSN	7 Date Received	8 Document Number	11 Billed Gallons
Ivaille	I LIN/33N		Origin	Destination	Name	I LIN/33N	Received	Number	Gallolis
TOTAL (this page only)									

INSTRUCTIONS

This schedule provides detail in support of the receipt amount(s) shown on your monthly Virginia fuels tax report.

Enter the sum of these columns for all pages of this report.

You may submit a schedule summarizing your receipts which must be formatted the same as the Distributor's Schedule of Receipts. Complete separate summary schedules for each product type and group sellers together. If you choose to submit summary schedules, you must still submit the schedules of individual receipts.

SCHEDULE NUMBER	Enter the schedule number for the product activity you are reporting. (See Schedule Number Chart on front.)
NAME	Enter the name of the company as shown on your monthly Virginia fuels tax report.
FEIN/SSN	Enter the company's FEIN or SSN as shown on your monthly Virginia fuels tax report.
REPORT MONTH/YEAR	Enter the month and year for which you are reporting.
PRODUCT INFORMATION	Check the applicable box for the product type accounted for on this schedule.
CARRIER'S NAME	Enter the name of the company that transported the product.
CARRIER'S FEIN/SSN	Enter the FEIN or SSN of the company that transported the product.
MODE	Enter the code for the mode of transport used to move the product. (See Mode of Transportation Codes chart on front.)
POINT OF ORIGIN	Enter the IRS Terminal Control Number if the product was received from a terminal. Otherwise enter the city and state where the shipment originated.
POINT OF DESTINATION	Enter the IRS Terminal Control Number if the product was received into a terminal. Otherwise enter the city and state where the product was delivered.
SELLER'S NAME	Enter the name of the company that sold the product to you.
SELLER'S FEIN/SSN	Enter the FEIN or SSN of the company that sold the product to you.
DATE RECEIVED	Enter the date (month, day, and year) the product was received.
DOCUMENT NUMBER	Enter the terminal manifest number or pipeline/barge ticket number or bulk plant withdrawal invoice number.
BILLED GALLONS	Enter the total number of gallons billed.
TOTAL (this page only)	Enter the sum of these columns for this page of the report.